PTO/SB/29(10-00)
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(4) RATE (5) CALCULATIONS

1	(37 CFR 1.16(c) or (j)) 2 -							
	INDEPENDENT	3** =		x \$	=		0.00	
	MULTIPLE DEPENDENT CLAIMS (if a	R 1.16(d))	+ \$	\$ =				
					C FEE R 1 16)		750.00	
			Tota	l of above Ca			750.00	
	Reduction by 50% for filing by small er	ntity (Note 37 C	EFR 1 27).					<u> </u>
	* Reissue claims in excess of 20 and over Reissue independent claims over original control of the control of th	er original paten			TOTAL =	\$	750.00	
6. Sı	mall entity status: Applicant clai	ims small er	ntity status. See 3	37 CFR 1.2	27.			Lien
7. The C	Commissioner is hereby authoriz	zed to credit	t overpayments or	charge th	e followin	g fees	to nEl	CENER
Depo	esit Account No04-0100						HE	0003
a	Fees required under 37 CFR	1.16.						ER OB ZUUD
b. X	Fees required under 37 CFR	1.17.					71	J-D 1800
c.	Fees required under 37 CFR	1.18.					TECH	CEIVED CENTER 1600
8. X A	check in the amount of \$	750.00	is enclosed.				, -	
9. Pa	ayment by credit card. Form PT	ΓO-2038 is a	attached.					
10. 🔲 A _l	pplicant requests suspension of	action unde	er 37 CFR 1.103(b) for a per	riod of		months	
	not to exceed 3 months) and the	fee under 3	37 CFR 1.17(i) is ϵ	enclosed.				
(n	iot to onocod o morning and mo	ice anaor c						I .
	ew Attorney Docket Number, if o		1728/1F08	38-US2				
1. X N	lew Attorney Docket Number, if of application Attorney Docket Number will carry	desired yover to this CPA	1728/1F08 unless a new Attorney Do		as been provide	ed herein)		
1. X N	lew Attorney Docket Number, if o	desired yover to this CPA	1728/1F08 unless a new Attorney Do		as been provid	ed herein		
11. X N	lew Attorney Docket Number, if of application Attorney Docket Number will carry	desired yover to this CPA nitted CPA (1728/1F08 unless a new Attorney Do PTO/SB/29A)	cket Number ha		ed herein)		
11. X No. [Proceedings of the content of the conten	lew Attorney Docket Number, if of application Attorney Docket Number will carry Receipt For Facsimile Transm Return Receipt Postcard (Sho	desired yover to this CPA nitted CPA (ould be spec	1728/1F08 unless a new Attorney Do PTO/SB/29A) cifically itemized, \$	cket Number ha	503)			
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11. X N [Procedure] 2. a. b. X 3. X Ot OTE:	Receipt For Facsimile Transm Return Receipt Postcard (Shother: Fee Transmittal, Declarate Serial No. 09/221,261, file The prior application's correspondance address is 14. If Sustomer Number or Bar Code Label S. Peter Ludwig	desired yover to this CPA nitted CPA (ould be spec- tion and Powe ed December dence address s provided belower	1728/1F08 unless a new Attorney Do PTO/SB/29A) cifically itemized, Ser of Attorney, Assig 29, 1998 at Reel 01 s will carry over to tho	See MPEP nment Reco	orded in Pa Frame 0871	itent Ap _l I on Apr	plication il 24, 2000	below
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Francis Madulahal Ma	Dated	
Express Mail Label No.	Dated:	
MAN 1 7 000 100 000 10 001 001 102 000 000		

PTO/SB/17 (10-02) Approved for use through 10/31/2002. OMB 0651-0032 of information unless it displays a valid OMB control number.

Complete if Known

To Be Assigned

FEE TRANSMITTAL

RECEIVED Herewith for FY 2003 Filing Date First Named Inventor Ick-Dong Yoo FEB 0 3 2003 Examiner Name Not Yet Assigned Applicant claims small entity status See 37 CFR 1.27 N/A Group Art Unit ER 1600/290

Application Number

TOTAL AMOUNT OF PAYMENT (\$) 750.00 Attorney Docket No. 1728/1F088-US2 TECH CE							<u>CENT</u>		
METHOD OF PAYMENT (check				FEE	CALCU	LATION (continued)			
X Check Credit Money Card Order	Other None	3. Al	DDITIO	DNAL	FEES				
Deposit Account									
Deposit Account	 	Fee -	Entity Fee	Fee	Entity	-			
Number		Code	(\$)	Code	(\$)		Fee Description	Fe	ee Paid
Deposit Account		1051	130	2051	65	Surcharge	- late filing fee or oath		
Name		1052	50	2052	25	Surcharge – late provisional filing fee or cover			
The Commissioner is hereby authorized to:		1053				sheet.		-	
Charge fee(s) indicated below X Credit any overpayments			130	1053	1 30	Non-Engli			
Charge an additional fee(s) during the pend application	lency of this	1812	2,520	1812	2,520	For filing a request for ex parte reexamination			
Charge fee(s) indicated below, except for the	e filing fee	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
to the above-identified deposit account.			1,840*	1805	1,840*	Requestin	g publication of SIR after action		
FEE CALCULATION			110	2251	55	Extension	for reply within first month		
1. BASIC FILING FEE		1252	400	2252	200	Extension	for reply within second mon	nth	
Large Entity Small Entity		1253	920	2253	450	Extension	for reply within third month		
Fee Fee Fee Fee Code (\$)	tion Fee Paid	1254	1,440	2254	720	Extension	for reply within fourth month	h	i
1001 740 2001 370 Utility filing fee		1255	1,960	2255	980	Extension	for reply within fifth month		
1002 330 2002 165 Design filing fee		1401	320	2401	160	Notice of A	Appeal		
1003 510 2003 255 Plant filing fee		1402	320	2402	160	Filing a bri	ef in support of an appeal		
1004 740 2004 370 Reissue filing fee	. [140.3	280	2403	140	Request for	or oral hearing		
1005 160 2005 80 Provisional filing	fee	1451	1,510	145	1,510	Petition to	institute a public use procee	eding	
SUBTOTAL (1)	6) 0,00	1452	110	2452	55	Petition to	revive – unavoidable		
337317.2(1)	1	1453	1,280	2453	640	Petition to	revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY		1501	1,280	2501	640	Utility issue	e fee (or reissue)		
Extra Fee t Claims bel		1502	460	2502	230	Design iss	ue fee		
Total Claims 2 -20** = x		1503	620	2503	310	Plant issue	efee	_	
Independent 2 -3** = x	= 0.00	1460	130	1460	130	Petitions to	the Commissioner		
Multiple Dependent	= 1	1807	50	1807	50	Processing	g fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1	1806	180	1806	180	Submission	n of Information Disclosure	Stmt	
Fee Fee Fee Fee	scription 8	8021	40	8021	40		each patent assignment permes number of properties)		
1202 18 2202 9 Claims in excess o		1809	740	2809	3.40		bmission after final rejection		
1201 84 2201 42 Independent claim: 1203 280 2203 140 Multiple dependent		1810	740	2810	370	For each a	dditional invention to be	\vdash	$\neg \neg$
1203 280 2203 140 Multiple dependent 1204 84 2204 42 ** Reissue indepen	ciami, ir not paid	1801	740	280	370		(37CFR 1 129(b)) ir Continued Examination (F	, F	
over original pat	ent	1802	900		900		ir Continued Examination (F ir expedited examination	\(\(\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
1205 18 2205 9 ** Reissue claims i	n excess of 20			1802	900	of a design	application		
and over origina	patent	Other fe	e (spec	ifγ)	1006	Basic Filing	g fee - Utility (CPA)	L	750.00
SUBTOTAL (2) (\$)		Reduc	ed by E	lasic File	ing Fee	Paid	SUBTOTAL (3) (\$))	750.00
**or number previously paid, if greater: For Reissues, see above									

SUBMITTED BY		Complete (if applicable)					
Name (Print/Type.	S. Peter Ludwig	Registration No :Attorney Agent 25,351	Telephone	(212) 527-7770			
Signature		-	Date	1-30 0)			

Application No. (if known):

Attorney Docket No.: 1728/1F088-US2

Certificate of Express Mailing Under 37 CFR 1.10

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